DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10030774

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name:

I believe I am the original, plural names are listed be entitled: "SOURCE SYNCHRONOU	low) of the sub	ject matter w	hich is clai	med and for which a			
the specification of which	n is attached he	reto unless th	e following	box is checked:			
was filed on _ Number a				PCT International App le).	lication		
I hereby state that I have as amended by any amen patentability as defined in	dment(s) referre						
Foreign Application(s) and/or I hereby claim foreign priority certificate listed below and hat of the application on who	y benefits under T nave also identifie nich priority is clai	itle 35, United d below any for med:	reign applica	ation for patent or inven	reign applic itor(s) certi	ficate having a fil	ing date before
COUNTRY	Y APPLICATION NUMBER DATE FILED			PRIORITY CLAIMED UNDER 35 U.S.C. 119			
						YES: 🛄	
						YES: 🔲	NO: <u></u>
U. S. Priority Claim I hereby claim the benefit un the subject matter of each of the first paragraph of Title 3t 37, Code of Federal Regulation international filing date of thi APPLICATION SERIAL I	der Title 35, Unit f the claims of thi 5, United States (ons, Section 1.56 is application:	s application is Code Section 1	not disclose 12, I acknow	ed in the prior United St vledge the duty to disclent the filing date of the	application ates applic ose materia prior applic	ation in the manr al information as	er provided by defined in Title ional or PCT
POWER OF ATTORNEY: As a named inventor, I hereb Patent and Trademark Office Custome			(s) and/or a	gent(s) to prosecute this Place Customer Number Bar Code Label here	s application	n and transact all	business in the
Send Correspondence to : AGILENT TECHNOLOGIES, INC. Legal Department, DL 429 Intellectual Property Administration P.O. Box 7599 Loveland, Colorado 80537-0599		Direct Telephone Calls Cynthia Mithchell OR (970) 679-3136			o: Floyd Anderson (970) 679-3432		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Citizenship: USA

Inventor's Signature

2/20/2004 Date

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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Continued)

ATTORNEY DOCKET NO. 10030774

Full Name of #2 joint Inventor: David Dowding	Citizenship: USA
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Inventor's Signature	Date
Full Name of #3 joint Inventor:	Citizenship: <u>US</u>
Residence:	·
Post Office Address:	
Inventor's Signature	Date
Full Name of #4 joint Inventor:	Citizenship:
Residence:	• ——
Post Office Address:	
Inventor's Signature	Date
•	
Full Name of #5 joint Inventor:	Citizenship:
Residence:	
Post Office Address:	
Inventor's Signature	Date
inventor's signature	Date
Full Name of #6 is int Inventory	Citicanahina
Full Name of #6 joint Inventor: Residence:	Citizenship:
Post Office Address:	
Inventor's Signature	Date
Full Name of #7 initial contains	Ottle and I have
Full Name of #7 jointInventor: Residence:	Citizenship:
Post Office Address:	
Inventor's Signature	Date
	2.0
Full Name of #8 joint Inventor:	Citizenship:
Residence:	
Post Office Address:	
Inventor's Signature	Date
Full Name of #9 joint Inventor:	Citizenship:
Residence:	
Post Office Address:	
Inventor's Signature	Date